



State of Alaska Department of Health & Social Services
Division of Public Assistance
Nutrition Services – WIC
PO Box 110612
Juneau, Alaska 99811-0612

ALASKA WIC PROGRAM REQUEST FOR CLIENT or CASHIER RETRAINING

Person to Train: _____ **or Warrant #** _____

Person Submitting Request: _____ **Phone #** _____

Mailing Address/Store Branch _____

Please describe event or reason for training request:

(Your Signature)

(Date)

Office use only

Complaint accepted by _____ **Date** _____

Local Agency: _____

Action Taken: _____

SEND ORIGINAL COPY TO VENDOR COORDINATOR – Fax to: (907) 465-3416